DEPARTMENT OF THE AIR FORCE
UNITED STATES AIR FORCE ACADEMY
4102 Pinion Drive
USAF Academy, Colorado 80840

6 Sept 2003

MEMORANDUM FOR: The Pikes Peak Regional Executive Council

FROM: Pikes Peak Regional Formulary Committee

SUBJECT: Minutes of the 4 September 2003 PPRFC Meeting

1. The bimonthly meeting of the Pikes Peak Regional Formulary Committee was held on Thursday, 4 Sept 2003 at 1330 at the Officer's Club on the United States Air Force Academy, Colorado.

2. **ATTENDANCE**:

Members:
COL Robert L. Tramaloni, USAF, MC, DoDMERB/Chairman
LTC David S. Johnson, USAF, BSC, Pharmacy Flight Commander, 10MDG, Recorder
MAJ Stephen Ford, USA, MSC, Chief, Pharmacy Service, USA MEDDAC Fort Carson
Garold Paul, MD, USA DAC, Internal Medicine Clinic, USA MEDDAC, Fort Carson
Robert Beshany, MD, 10 MDG/SGOMI, Internal Medicine Clinic, USAF Academy

Absent:
MAJ Dale A. Spencer, MD, USA DAC, USA MEDDAC, Fort Carson Family Practice Clinic
Jo Vickers, Pharm D, USA DAC, Clinical Pharmacy, USA MEDDAC, Fort Carson

Guests:
MAJ Stephen Stetson, MC, 10 MDG Ophthalmology Clinic, USAF Academy
MAJ Sheron Marshall, MC, 10 MDG Ophthalmology Clinic, USAF Academy
CAPT Wes Lueg, USA, MSC, Pharmacy Service, USA MEDDAC, Fort Carson

3. PREVIOUS MINUTES - the minutes from 3 July 2003 PPRFC meeting were approved.

4. OLD BUSINESS:

4.1. ***Angiotensin Receptor Blocker (ARB) Review*** – currently a joint DoD/VA contract is being solicited for this class of drugs. The committee discussed the urgent need to update our formulary ARB choices due to the high cost of candesartan and relative low potency of losartan. This item will remain open until the next PPRFC meeting with the anticipation of the announcement of the joint contract choices. **(Open: POC MAJ Spencer/LTC Johnson, ECD Nov 03)**

4.2. ***5-HT Receptor Agonist (Triptan) Contract*** (Atchs 1 & 2) – effective 11 July 2003 the DoD triptan contract (Atchs 1 & 2) took effect. This contract mandates that all DoD MTFs carry no more than two triptans on formulary. Zolmitriptan (Zomig®) must be carried in all strengths and dosage forms and must be used as the first-line triptan unless there is a medical necessity to use a different triptan. The contract

allowed a second triptan to be on formulary for clinical failures on zolmitriptan. The contract does not mandate that other triptans be switched to zolmitriptan. MTFs will decide whether to switch patients currently using other triptans to zolmitriptan. This contract covers only oral dosage forms thus sumatriptan nasal and sumatriptan injection will remain as formulary items.

The committee discussed the merits of adding a second triptan to the PPRF for patients failing a trial of zolmitriptan. Zolmitriptan will be priced at $3.20 per tablet a significant cost saving over prices for the current PPRF triptans (sumatriptan, rizatriptan, and naratriptan: $7.14, $7.00 and $10.73 respectively). Sumatriptan (Imitrex®) and rizatriptan (Maxalt®) announced projected price reductions to $4.52 and $3.99 per tablet. **Rizatriptan was chosen as the second formulary triptan** using input from the 10 MDG Neurology Department as well as utilization data (Atch 2) and cost data in making this decision. The committee also decided that **patients currently stable on sumatriptan and rizatriptan could stay on those products indefinitely**. **(Approved/Closed)**

4.3. ***Levalbuterol (Xopenex®) Inhalant Solution (Atch 3)*** – Major Ford related the background on this request from the Allergy Department at Evans. This agent can be tolerated in some patients who are intolerant of the beta-adrenergic side effects of albuterol and other beta-2 agonists. In addition, this agent has been used successfully following therapeutic failures with other agents. Due to the high unit cost of this product and the relative low usage, the committee recommended that this agent remain non-formulary and be purchased by special purchase procedures only. **(Disapproved/Closed)**

4.4. ***Pimecrolimus Cream (Elidel®)*** – MUE Subcommittee **(Open: POC Dr Vickers, ECD Jan 2004)**

4.5. ***PPRFC Charter Clarifications*** – the original PPRFC charter could not be located. The committee approved the inclusion of the chief pharmacist and a provider from Peterson AFB since the 21st Medical Group will be recommissioned on 1 Oct 2003 and will be separate and distinct from the 10th Medical Group. In addition, the Pikes Peak Executive Council recently was reactivated. This item will remain open to allow petition of the Executive Council to formally revalidate the mission of the PPRFC. **(OPEN: POC LTC Johnson/Col Tramaloni, ECD Jan 2004)**

5. DOD PHARMACY AND THERAPEUTICS COMMITTEE ACTIONS: May 2003 meeting

5.1. ***Basic Core Formulary (BCF) Additions*** – mandatory formulary additions to all DoD MTFs.

5.1.1. Rosiglitazone (Avandia®) – this thiazolidinedione (TZD) was already on the PPRF. Currently rosiglitazone owns a 68% DoD MTF market share over pioglitazone. Under the new DoD blanket purchase agreement (BPA) MTFs will receive a 20% discount at the current usage pattern. Higher discounts are possible with increasing market share (22% for 75% market share, 25% for 85% market share and 28% for 95% market share). The committee discussed the pros and cons of trying to shift the use of the BCF preferred TZD for further cost savings. Due to the clinical differences in effects on lipid profiles, side effect profiles and differences in therapeutic effect, the committee recommended that further review should occur before a decision would be made. Major Ford volunteered to coordinate a review through the clinical pharmacy staff at Evans for presentation at the Nov 6, 2003 PPRFC meeting. **(OPEN: POC Major Ford, ECD Nov 2003)**

5.1.2. Rosiglitazone/Metformin Combination (Avandamet®) – all strengths will be added to the PPRF. **(Info/Closed)**

5.1.3. Latanoprost (Xalatan®) Ophthalmic Solution – this ophthalmic prostaglandin product was already on the PPRF. A 25% price reduction will be realized with its DoD BPA ($28.89 to $21.67 per bottle). Latanoprost will be the sole ophthalmic prostaglandin on the BCF, but MTFs can have additional ophthalmic prostaglandins on their local MTF formularies. No additional ophthalmic prostaglandin products will be added to the PPRF at this time. **(Approved/Closed)**

5.2. TRICARE Mail Order Pharmacy (TMOP) Additions:

5.2.1. Gefitinib (Iressa®) – oral agent for non-small cell lung cancer - limit 45 tabs per 45 days **(Info/Closed)**

5.3. ***BCF Deletions*** – none

6. NEW BUSINESS

6.1. ***Standard Agenda Items*****:**

6.1.1. Pharmacy Expenditures: LTC Johnson reported that the Air Force and the Army facilities are on track for projected expenditures going into the final quarter of FY 03. **(INFO)**

6.1.2. Class Review/Utilization Review:

6.1.2.1. Triptan Class Review (Atchs 1 & 2) – see item 4.2 above. The committee named zolmitriptan and rizatriptan as the PPRFC oral triptan agents. Injectable sumatriptan and nasal sumatriptan will remain as formulary items. Oral sumatriptan and naratriptan have been removed from the PPRF however, patients currently stable on these products may be continued IAW with the terms stipulated in the DoD 5-HT receptor agonist contract. **(Approved/Closed)**

6.1.2.2. Non-Steroidal Inflammatory Drug (NSAID) Class Review (Atchs 4, 5, 6 & 7) - the committee reviewed oxaprozin (Daypro®), nabumetone (Relafen®) and etodolac (Lodine®) for potential addition to the PPRF. These agents have convenient dosing schedules, are reported to have a lower incidence of GI side effects and are now marketed generically. Currently there are eleven NSAID/COX-2 drugs on the PPRF and the committee decided that no additional agents are needed. **(Disapproved/Closed)**

6.1.3. Drug Utilization Evaluation(DUE)/Medication Use Review (MUR) Presentations:

6.1.3.1. COX-2 DUE (Atchs 8 & 9) – LTC Johnson presented data on the COX-2 DUE on 50 patient charts conducted in July 2003. The following conclusions were made: 1) 67% of patients were less than 65 years of age; 2) 66% of patients had no documented GI risk; 3) 40% of usage of was for the treatment of acute pain syndromes; 4) 80% of valdecoxib usage was for off-label usage and 5) 73% of meloxicam usage was for off-label usages. The committee accepted the data and discussed the PPRFC COX-2 Inhibitors Guidelines for Use. The committee agreed that the criteria stipulating "failure of an adequate trial with at least two different NSAIDs" should be revised to read "demonstration of GI intolerance after trial of at least two different NSAIDs". A follow-up review is scheduled at the 10 MDG and the MUR Committee at Evans will review this item. **(Approved/Closed)**

6.1.4. Formulary Additions:

6.1.4.1. Conjugated Estrogen (Premarin®) 0.45mg Tablets – Basic Core Formulary line extension. **(Approved/Closed)**

6.1.4.2. Conjugated Estrogen/Medroxyprogesterone (Prempro®) 0.45/1.5mg Tabs – Basic Core Formulary line extension. **(Approved/Closed)**

6.1.4.3. Rosiglitazone/Metformin (Avandamet®) Tabs – Basic Core Formulary addition by the DoD P&T Committee. **(Approved/Closed)**

6.1.4.4. Gatifloxacin Ophthalmic Solution (Zymar®)(Atch 10) – Dr Stetson and Dr Marshall from the 10th MDG Ophthalmology Department, presented this extended spectrum fluoroquinolone ophthalmic product. Dr Stetson discussed the emergence of antimicrobial resistance with current fluoroquinolone ophthalmic products. Dr Stetson stated that this product would only be used by the Ophthalmology Departments as an adjunct for LASIK and PRK procedures as well as some bacterial corneal keratitis patients. Ofloxacin (Ocuflox®) will be maintained on the PPRF for ongoing use for conjunctivitis and corneal ulcers by all other departments. **(Approved/Restricted to Ophthalmology/Closed)**

6.1.5. Formulary Deletions:

6.1.5.1. Sumatriptan Oral Tabs (Imitrex®) – no new starts (triptan naïve patients) for this product. Patients currently stable on this product may be continued indefinitely. See discussion in section 4.2 above. **(Approved/Closed)**

6.1.5.2. Naratriptan Oral Tabs (Amerge®) - no new starts (triptan naïve patients) for this product. Patients currently stable on this product may be continued indefinitely. See discussion in section 4.2 above. **(Approved/Closed)**

6.1.5.3. Beclomethasone (Vanceril®/Beclovent®) Metered Dose Inhaler – discontinued by the manufacturer. **(Approved/Closed)**

6.1.5.4. Nystatin (Nilstat®) Tablets – low usage. **(Approved/Closed)**

6.1.5.5. Rimexolone (Vexol®) Ophthalmic Suspension 1% - low usage. **(Approved/Closed)**

6.1.5.6. Tazarotene (Tazorac®) 0.1% gel – low usage. **(Approved/Closed)**

6.1.6. PPRFC Metrics:

6.1.6.1. Outpatient Prescription Workload FY03 (Atch 11) – the outpatient prescription volume has remained steady throughout the fiscal year. Large-scale deployments in the second quarter of FY03 caused an increase in workload at Fort Carson during that quarter. **(Approved/Ongoing)**

6.1.6.2. Total Expenses, Cost/Unit Work (Atch 12, 13 & 14) – total expenditures were discussed. Evans has spent slightly under their budget while the USAF Academy spent about 15% over their budget. This in part is reflected in the budget process at each facility. Evans has built in their expected inflation into the budget while the Academy was budgeted based on expenditures the previous fiscal year.

The cost per prescription was compared for Evans, the USAF Academy and Peterson AFB. It was noted that the cost per prescription for Peterson was notably higher. This probably reflects the demographics of the clientele served at Peterson, a small primary care clinic and a large volume of off-base prescriptions. **(Approved/Ongoing)**

6.1.6.3. Error Reporting/Error Rate (Atchs 15 & 16) – this was the first quarter for reporting both the raw number of errors and an error rate. The error rate for both Evans and the USAF Academy remained near the target error rate of 3 errors per 10,000 outpatient prescriptions (0.03%). The number of non-ingested errors still outnumbered the ingested rate by a considerable margin. Both facilities installed automation packages during the last year. These projects did not appear to decrease the overall error rate however, they did appear to decrease the likelihood of a wrong drug error occurring and thus decreasing the risk for ingested errors that could cause significant harm to patients. **(Approved/Ongoing)**

6.1.6.4. Clinical Interventions – not reported

6.1.7. TRICARE Issues: none

6.1.8. Joint Refill Center: Lt Col Johnson reported that the contract engineer visited the Joint Refill Center site and estimates that the robot will be ready for critique in October 2003. Installation at the refill site could ensue shortly after if the initial critique goes well. The final MOA has been recirculated for final approval awaiting the final details of the logistical support required to operate the refill center. **(INFO)**

6.1.9. Contraceptive (Nuvaring®) Quantity Restriction Discussion – Nuvaring was clarified to be an open formulary item with a quantity restriction of one ring per prescription with a maximum of 11 refills. **(Approved/Closed)**

***6.2. Open Discussion*:** None

7. ADJOURNMENT: The meeting adjourned at approximately 1615 hours. The next meeting will be held Thursday 6 November 2003 at 1330 at The US Air Force Academy Officer's Club.

DAVID S. JOHNSON, LTC, USAF, BSC
PPRFC Recorder

APPROVED/DISAPPROVED

ROBERT L. TRAMALONI, COL, MC, USAF
Chairman, PPRFC